

**Voluntary counselling and testing services for government employees in the Cape Metropole:
An evaluative study**

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Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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Date:

Summary

VCT (voluntary counselling and testing) plays an important role in mitigating the impact of HIV and AIDS in the workplace. For the service to be effective and sustainable, it must meet the needs of those who access it. The aim of this study was to evaluate the VCT services offered to government employees in the Cape Metropole. A questionnaire adapted from the UNAIDS tools for evaluating VCT was used to survey the views of 76 government employees in four different departments. The study found that most government employees preferred onsite testing and felt that the waiting period of twenty minutes was sufficient. Various suggestions are made to improve the services to make them sustainable.

Opsomming

VCT (Vrywillige, Toetsing en Berading) speel n belangrike rol in die verligting van die effek van MIV en VIGS in die werksplek. Vir die diens om effektief en deurlopend te wees moet dit in die behoeftes van diegene wat dit gebruik voldoen. Die doel van die studie is om die Vrywillige, Toetsing en Berading diens gelewer aan regering werknemers in die Kaap Metropole te evalueer. 'n Vraelys gebaseer op die UNAIDS instrument vir die evalueering van VCT was gebruik om die sienswyses van 76 regering werknemers te ondersoek. Die studie het bevind dat die meeste regering werknemers toetsing binne die werksplek verkies. Die meerderheid het gevoel dat die wagperiode van twintig minute voldoende was. Verskeie voorstelle was gemaak om die diens te verbeter om sodoende te sorg dat dit deurlopend is.

1. INTRODUCTION

VCT (voluntary counselling and testing) has become a very important tool for softening the personal impact of HIV. Over the years, the role of VCT has changed from being mainly a diagnostic tool to one that provides access to care and support. Clients need to know their status in order to make important family decisions relating to aspects such as marriage, pregnancy, etc. In the community, the image of the disease changes from illness, suffering and death to living positively with HIV. At the same time, it generates optimism, as large numbers of persons test HIV negative (Centre for Disease Control: available online). VCT services also need to comply with the ethical and legal requirements of confidentiality, informed consent and pre- and post-test counselling.

Offering VCT services in the workplace puts pressure on these requirements, and also creates new challenges. Within the workplace, these could include having to provide a quality service in a short period of time, since employees will be fitting the testing process into their work schedule. The individual is expected to return to his/her workstation after receiving the results of the test. The preparation and support given during counselling sessions need to make it possible for a client to receive an HIV-positive result and then to be able return to his workstation. Furthermore, since the testing is done on site, attention should be given to privacy when choosing the facilities that are to be used. The facilities should ensure a safe and confidential environment. To meet these challenges, VCT services also need to be flexible and consider the variety of needs of employees.

Most studies (Van Dyk and Van Dyk, 2003; Voluntary HIV Counselling and Testing Efficacy Study Group, 2000) thus far have focused on the link between changes in sexual behaviour and VCT. Although such studies provide very important information, little research has been done on how well the service is provided or how the clients perceive the service. It is only by evaluating the VCT service that it would be possible to determine if its initial purpose, and the needs of clients, have been met. Feedback from such an evaluation can be incorporated into the service – thus making it more effective and more sustainable.

2. RESEARCH OBJECTIVE

The objective of this research study was to evaluate the VCT services offered to provincial government employees in the Cape Metropole.

The evaluation examined three components, namely

- Service delivery – how well the VCT is provided,
- Programme effectiveness – the extent to which the VCT process facilitates preventative behaviour, and
- Feedback or suggestions for improving the VCT service offered.

3. RESEARCH QUESTIONS

The following research questions were explored:

3.1 Service Delivery

a) Counselling adequacy

Is HIV/AIDS information provided for and understood by the clients?

Is the individual adequately prepared for the HIV test result?

Is emotional support provided when the individual receives the HIV test result?

Do counsellor attributes play a role in the counselling session?

Is the counselling experience comfortable?

b) Testing adequacy

Do clients prefer onsite/offsite testing, and why?

How long must clients wait to access the VCT service?

Are clients comfortable with the waiting period of twenty minutes before receiving their results?

3.2 Programme effectiveness

Would clients change their sexual behaviour if they tested HIV negative?

Would clients change their sexual behaviour if they tested HIV positive?

3.3 Feedback/suggestions for improving the VCT service

4. LITERATURE STUDY

4.1 Overview of the Concept of VCT

VCT is an acronym that stands for the following:

V – voluntary, i.e. it has to be the individual's choice;

C – counselling, which refers to pre-test, post-test and ongoing counselling; and

T – testing, i.e. the finger-prick test that is used and of which the results are available in 15-20 minutes. Other tests are also available but, due to financial constraints, the Rapid Test is the one used most frequently.

Definition of VCT

Voluntary HIV counselling and testing is the process by which an individual undergoes counselling to enable him/her to make an informed choice about being tested for the human immunodeficiency virus (Baggaley, 2001).

4.2 VCT Models

There are six different VCT models. The model chosen or preferred will depend on the HIV prevalence, funding and partnerships of the service provider. Each of these models has benefits and drawbacks that need to be considered before setting up the VCT service. In this study, only some of these benefits and drawbacks will be highlighted.

The stand-alone site is not associated with a medical institution and operates solely for the purposes of VCT. Staff are specially employed for the VCT service, thus ensuring that a high quality, flexible service can be offered. Apart from having limited geographical accessibility and high operating costs, this type of site can be seen as stigmatising, since the facility is only associated with HIV testing (Family Health International: available online).

In contrast, the integrated model allows VCT to become an integral part of ongoing, usually public sector, healthcare services. This allows direct referral to other relevant services, such as those dealing with the management and prevention of TB. Although a number of clients access this service, it has limited administrative and managerial capacity. This causes long waiting times and low motivation from the public sector to access the service (Family Health International: available online).

The NGO model integrates VCT into its other established activities. Among the benefits are better management due to the limited focus. VCT is also provided in a private and confidential manner, and it is easier to enforce quality standards. Often, however, this type of model is dependent on donor assistance (Family Health International: available online).

The private sector model is perceived as being private, confidential and responsive to clients' needs. However, this model is inaccessible to the poor and the uninsured. Within the public sector/NGO partnership model, the NGO provides VCT in the public sector, with both parties contributing to the management of the VCT service.

The mobile/outreach model uses a mobile unit/caravan to offer services at designated places. In this manner, it is able to provide access to 'hard to reach' and rural communities. Apart from not being cost effective, it is difficult to keep the service confidential and to ensure follow-up after post-test counselling (Family Health International: available online).

The workplace-based model can be linked to existing health services and thus provide an entry point to care. Antiretrovirals (ARVs) are provided by some employers. The associated risks are the fear of loss of confidentiality and consequent discrimination. VCT services however are not offered to partners and other community members.(Jackson, 2002).

The integrated antenatal model has the specific goal of reducing transmission to infants. The model provides access to ARVs and breastfeeding advice and provides an entry point to introduce parents to the use of condoms during pregnancy and lactation. Some of the disadvantages are that parents may not have thought of HIV testing before and be unprepared. The model might also not be able to provide further support and care services (Jackson, 2002).

4.3 VCT Processes

The *individual pre- and post-test counselling process* allows individuals to have in-depth discussions with counsellors. In a multi-centre trial, the clients who were interviewed reported feelings of relief, decreased anxiety, improved confidence and hope. Those testing HIV positive indicated that they had better coping skills. However, this process is time consuming, with a minimum of fifteen minutes required for both pre- and post-test counselling (Baggaley, 2001).

The *group information, 'opt-in' individual pre-test counselling/individual post-test counselling process* is less time consuming. This process allows general HIV information to be discussed in a group. Following this, the clients can indicate if they want individual pre-test counselling. The pre-test counselling will be a shortened format of the individual pre-test counselling session. Post-test counselling, on a one-to-one basis, is provided for everyone who agrees to testing (Baggaley, 2001).

In the *group information/written information, 'opt-out' individual testing, individual post-test counselling for seropositive people process*, more intensive individual counselling can be offered to the small number of people who have tested positive. This process depends on the availability of treatment and support for those who test positive. A major drawback is that little or no emphasis is placed on HIV prevention for those who test seronegative (Baggaley, 2001).

In the *group information, 'opt-in' couple/family pre-test counselling, individual/couple/family post-test counselling process*, couples attend the session together. The burden of still having to share the result with others at a later stage is taken away. It has also been shown that couple counselling is highly effective in promoting changes in sexual behaviour. However, this 'shared confidentiality' must always be voluntary and those deciding after pre-test counselling to be tested alone must be allowed to do so (Baggaley, 2001).

In the *no pre-test information, screening testing (with an option to 'opt out) individual post-test counselling for those found HIV positive*, there is no preventative counselling and little benefit for those who test seronegative (Baggaley, 2001).

With *mandatory testing*, HIV testing is a precondition for obtaining a service or benefit. This is often required for immigration. It may also be required as part of pre-employment screening, although this cannot be enforced or made compulsory, as it would be unconstitutional in most countries. In *compulsory testing*, the individual has no choice about being tested, such as in the case of rapists and newborn babies (Baggaley, 2001).

4.4 VCT and Behavioural Change

Various studies have indicated that the process of VCT could lead to behavioural change. A study conducted in three developing countries (Tanzania, Kenya and Trinidad) found that, although VCT could lead to behavioural change, there was a definite differentiation in the reactions of different people. The study found that individuals who tested HIV positive reduced unprotected intercourse with primary and non-primary partners to a significantly extent, in contrast to those testing HIV negative. It also found that couples receiving VCT together reduced unprotected intercourse with their partner to a greater degree than couples receiving health education alone. Serodiscordant couples were significantly more likely to reduce unprotected intercourse with each other than couples in which both members were uninfected. This study concluded that VCT is a highly cost-effective preventative intervention in developing countries (VCT Efficacy Study Group,2000).

In a study by Van Dyk and Van Dyk (2003) that focused on psychological barriers to voluntary HIV counselling and testing programmes in South Africa. The article found that 73% of those interviewed said that they would change their sexual behaviour if they tested HIV positive, while 13,4% said that they would definitely not change their behaviour if they tested HIV positive. A further 9,3 % of the participants with higher education were more likely to change their sexual behaviour if they tested HIV positive. A total of 46,5% of the participants said that they would change their sexual behaviour if they tested HIV negative, while the majority (53,5%) said that they would not change their behaviour. The study concluded that knowing one's HIV status does not necessarily serve as a strong enough motivation to change sexual behaviour, especially if a person tested HIV negative.

5. METHODOLOGY

Lifeline/Childline offers VCT services to the thirteen provincial government departments in the Cape Metropole. For the purpose of these services, the Cape Metropole includes six districts or substructures, viz. Tygerberg, South Peninsula, the City of Cape Town, Blaauwberg, Helderberg and Oostenberg.

The study was conducted during the period July to October 2004. During this period, the Departments of Administration, Transport and Public Works, Health and Education requested onsite voluntary counselling and testing.

Employees who requested onsite testing during this period were invited to complete a questionnaire after they had been briefed about the aim and objectives of the study, the anonymity of the study, and the fact that completing the questionnaire was not compulsory. Seventy-six (76) employees completed the questionnaire.

The research instrument used was an adaptation of the UNAIDS tools for evaluating VCT. UNAIDS is an acronym for Joint United Nations Programme. It seeks to lead, mobilise and assist the expansion of the international response to HIV on all fronts. The aim of the UNAIDS tool is to provide guidelines to evaluate not only the implementation and effectiveness of VCT, but also to offer ways of evaluating the acceptability and quality of the service (UNAIDS, 2000).

The questionnaire was adapted in such a way that it starts with easy, non-threatening questions. Sensitive questions, such as those regarding the respondents' experiences of the testing process, were kept for last.

The questionnaire was first pre-tested on a small sample. At this time, employees were asked to provide their contact details so that any changes in sexual behaviour could be assessed after three months. However, given the confidentiality of the testing and the fact that most employees did not wish to be reminded of the testing, this question was changed to a more hypothetical one, i.e. 'Knowing that your result is HIV negative, are there any behaviour patterns that you would change, and in particular any sexual behaviour patterns?' The term behavioural change was used to incorporate other behavioural changes, such as using gloves

when working with someone else's blood. This approach avoided the need for the employees to provide their contact details.

One of the problems experienced with collecting the data was the fact that the employees were labouring under time constraints and needed to be back at their workstations. The situation was not conducive to completing the questionnaire, hence the respondents were asked to complete the questionnaires and return them back at the end of the day. Most did not return their questionnaires.

Another limitation was language. The questionnaire was only available in English, which meant that people speaking Afrikaans and isiXhosa had to ask for a translator.

Description of the VCT process

The HIV/AIDS coordinator in the relevant department made arrangements with Lifeline/Childline Western Cape for onsite testing. To ensure confidentiality, the agency (Lifeline/Childline) requires at least two rooms, which are transformed into counselling rooms. Apart from this, Lifeline/Childline creates a semi-waiting area in order to control and direct the clients. The waiting area is especially important when one is faced with large numbers of people accessing the service.

Although Lifeline/Childline applies individual pre- and post-test counselling, group counselling is also offered when faced with a large number of people. After the first few onsite tests of the VCT process, it became apparent that employees were reluctant to reveal their names when making bookings. Lifeline/Childline responded by replacing the booking system with a number system. Upon entering the waiting area, the employee was issued with a number. As soon as the counsellor was available, the employee was directed to the counselling room. When the individual had given informed consent, the counsellor initialled the number. This number and initial were used as the code on the testing strip. To further ensure confidentiality, the testing strips were placed in closed boxes when the tests were taken to and from the testing room.

6. RESULTS

6.1 Service Delivery

a) Counselling adequacy

Most of the clients (93%) described the counselling experience in a positive manner. Words used to describe the session included informative, very understandable, good, professional, compassionate, excellent, very relaxing, comforting, helpful, pleasant, empowering and supportive. The remaining respondents (7%) indicated that they felt and remained nervous, stressful and scared during the session. These clients indicated that they felt uncomfortable when talking about private matters, disclosing sexual matters, exploring issues and deciding whom they would tell should they test HIV positive.

Factors that the respondents found to be beneficial were that the sessions were quick and efficient, their privacy was maintained, useful information was provided, the discussion on positive living was very helpful and the process was supportive.

All the clients indicated that they understood the HIV information provided during the pre-test counselling. Most of the clients (93%) indicated that the pre-test counselling prepared them for their HIV result. A small number of clients (7%) felt that the post-test counselling supported them more when they received their result.

Reasons given by the respondents who felt that the post-test counselling supported them were that the counsellor showed empathy, that it was spot-on counselling and that it provided a basis to work from. One individual indicated that this would have been different should he/she have tested HIV positive.

In response to the question that asked whether counsellor attributes played a role in the counselling session, 74% said no. The reasons given were that the counsellor only had to be well trained and professional. Those who indicated that counsellor attributes did play a role (26%) listed gender and age as attributes that needed to be changed. Most preferred an older person, as well as someone of the same gender.

b) Testing adequacy

Most of the clients (68%) preferred to be tested in the workplace, whilst 32% preferred a nearby facility.

All of the clients (100%) indicated that they would not want the waiting period to be longer. Among the reasons given were: “I got so nervous I just wished it to be over”, “could not be soon enough”, “the longer you wait, the more nervous you get”, “to get peace of mind, the twenty minutes already felt like twenty years”.

Most of the clients (82%) indicated that they got an appointment immediately. All the clients received their results in less than twenty minutes. The clients waited approximately 20 minutes to see a counsellor and spent less than 25 minutes with the counsellor.

6.2 Programme Effectiveness

In response to the question whether they would change their behaviour if they tested HIV negative, 58% said they would. The reason often given was that “I want to keep it negative”. Behavioural changes included that they “will now insist on a condom and always use gloves”.

The reason given by some participants for their unwillingness to change their sexual behaviour was that “I’ve been faithful to my boyfriend/husband/partner”.

In response to the question if they would change their behaviour should they test HIV positive, 75% said they would. Behavioural patterns that they would change included sexual patterns, lifestyle pattern and eating habits.

The reasons given for the change in behaviour included “To prolong my life” and “to take responsibility for myself and others and to avoid infecting others”. Those who indicated that they would not change their behaviour indicated that they did not need to, since they only have one partner.

6.3 Feedback/Suggestions for Improving the Service

Most of the clients indicated that the VCT service was “handled okay and professionally”, that it was “doing an excellent job”, and that it was of a “high standard and the number system worked okay”.

One individual indicated that she felt uncomfortable with a colleague disclosing a negative result whilst she was waiting for her result. Suggestions made in this regard included having “more individual counselling sessions” and “clear instructions on the process and the reasons for pre- and post-test counselling”.

7. DISCUSSION

7.1 Service Delivery

a) Counselling adequacy

The results indicate that the counselling provided during the VCT process meets the needs of government employees. Most of the clients (93%) evaluated the experience positively. In a similar study, Van Dyk and Van Dyk (2003) found that 62% of the 1 422 respondents said that the counselling experience was mostly favourable.

However, the fact that some clients still felt uncomfortable while discussing personal sexual matters could mean that a safe, trusting environment was not created at all times. It could also be the result of the respondents’ psychological barriers, despite a comfortable environment being created.

All of the clients indicated that they understood the information given during the pre-test counselling sessions. Although some of the clients indicated that they felt supported during the post-test counselling, this information could be misleading, since most of the clients tested negative.

No support was needed from a counsellor when individuals received good news. Only one individual who tested positive indicated that she felt supported. The others who tested HIV positive were emotionally devastated.

b) Testing adequacy

Most of the clients (68%) indicated that they preferred onsite testing. This confirms the developments taking place within the service, with the government employees no longer accessing the offsite testing sites.

All of the clients indicated that they were comfortable with the waiting period of twenty minutes. One aspect that was beneficial was the swift result. For most, the emotions they experienced whilst waiting were unbearable and they indicated that they wanted the process to be finished as soon as possible.

7.2 Programme Effectiveness

Behavioural change

Participants were only tested with the intention of changing their behaviour. Since the VCT service is offered within the workplace, other risky behavioural patterns, such as not using gloves when dealing with blood, were also explored. This study confirmed the fact that an HIV negative result does not encourage behavioural change in all individuals. Only 58% of those who tested HIV negative indicated that they would change their behaviour.

In their South African study, Van Dyk and Van Dyk (2003) found that participants were more likely to change their behaviour if they tested HIV positive rather than HIV negative. Another study that highlighted the same factor was the VCT efficacy study in developing countries, which demonstrated that individuals who tested HIV positive reduced unprotected intercourse with primary and non-primary partners to a significantly greater degree than those testing HIV negative (Voluntary HIV-1 Counselling and Testing Efficacy Study Group, 2000).

Those who indicated that they would not change their behaviour stated in their defence that they were faithful to one partner and did not consider themselves to be at risk. A behavioural change was therefore uncalled for. This indicates that a VCT service within the workplace

does not necessarily target the group most at risk. Only one individual indicated a change in other behaviour, i.e. using gloves. Perhaps not enough emphasis is placed during the counselling session on prevention when dealing with blood.

7.3 Feedback/Suggestions for Improving the Service

One element of concern with providing a VCT service within the workplace is caused by the individuals who freely disclose their HIV status when it is negative. This increases the anxiety of those still waiting for their results, whilst at the same time putting extra pressure on those who test HIV positive. Care should be taken during the counselling session to sensitise individuals to this possibility.

It was decided that group counselling should be used as soon as there is a large enough group of people who require testing. Although the feedback indicates that this is not preferable, the counsellors have been trained to offer individual sessions to those that still need it after a group session. What needs to be added is that, if a counsellor identifies an individual who might need extra counselling, he/she should make such a suggestion. While the process is under way, however, clear instructions need to be provided to the clients.

CONCLUSION

The findings of this study are in line with those of previous studies in that they indicate that people who test HIV negative are less likely to change their sexual behaviour than those who test positive.

This study indicates that the VCT service offered by Lifeline/Childline Western Cape is meeting its objectives and the needs of its clients. Most of the clients are comfortable with the waiting period, counselling and testing process. The feedback also indicates that most government employees prefer onsite testing, are comfortable with the waiting period of twenty minutes and are comfortable with the number system being used. The project therefore has the go-ahead to apply these processes and structures.

The counselling in particular was perceived in a positive light. The results regarding support when positive results are received were inconclusive, however. Most of the clients tested HIV negative and therefore did not need emotional support, but they do need affirmation of their lifestyle and encouragement to maintain their health status.

The study also identified areas that need to be addressed. One suggestion is that greater emphasis should be placed on providing guidelines and explanations to employees. It is also important that, if the testing is taking place in the workplace, clear instructions should be given to the individuals who access the service.

Most respondents acknowledged the important role that counsellors play in establishing a trusting, supportive and informative session, hence comments such as “she made me feel that I can open up; I trusted her”.

Some shortcomings were also identified. Counsellors need to focus more on preventative methods in the workplace and the implications of the HIV result. Partners should be made aware of the importance of practising safe sex to avoid transmitting HIV to a negative partner, and to avoid re-infection from an HIV-positive partner.

Although group counselling is usually only used if there are large numbers of clients, extra care should be taken when applying group counselling. It is difficult for clients to indicate the

need for further counselling if they are in a group session. Counsellors should be aware of this and suggest an individual session if they realise that a client needs to talk more.

Given the important role that counsellors play in establishing a supportive, trusting and informative session, more emphasis should be placed on training staff on a regular basis and updating them on the various needs and problems of the clients and of new trends that are emerging.

8. REFERENCES

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